



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-E

## Personal Injury Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

**I am filing:** ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to  
the claimant:

### Claimant Information

\*Last Name: CAESAR

\*First Name: LLOYD

\*Address: 891 MOTHER GASTON BLVD

Address 2:

\*City: BROOKLYN

\*State: NEW YORK

\*Zip Code: 11212

\*Country: USA

Date of Birth: *Format: MM/DD/YYYY*

Soc. Sec. #

HICN:  
(Medicare #)

Date of Death: *Format: MM/DD/YYYY*

Phone:

\*Email Address:

\*Retype Email  
Address:

Occupation:

City Employee? ☐ Yes ☒ No ☐ NA

Gender ☒ Male ☐ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (If claimant is represented by attorney)

+Firm or Last Name: BONUS

+Firm or First Name: JUSTIN

+Address: 634 CLASSON AVENUE

Address 2:

+City: BROOKLYN

+State: NEW YORK

+Zip Code: 11238

Tax ID:

Phone #: (347) 920-0160

+Email Address: JUSTIN.BONUS@GMAIL.COM

+Retype Email  
Address: JUSTIN.BONUS@GMAIL.COM

### The time and place where the claim arose

\*Date of Incident: 10/07/2022 *Format: MM/DD/YYYY*

Time of Incident: 05:47PM *Format: HH:MM AM/PM*

\*Location of  
Incident: ARREST IN THE VICINITY OF OSBORN STREET  
AND HEGEMAN AVENUE AND  
INCARCERATION OCCURRED IN KINGS  
COUNTY.

Address:

Address 2:

City: BROOKLYN

\*State: NEW YORK

Borough: BROOKLYN (KINGS)

\* Denotes required fields.

+Denotes field that is required if attorney is filing.

A Claimant OR an Attorney Email Address is required.



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**\*Manner in which  
claim arose:**

DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1983) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW PURSUANT TO MUNICIPAL POLICY, PRACTICE AND/OR CUSTOM (42 U.S.C. § 1983 AND MONELL V. DEP'T OF SOCIAL SERVS., 436 U.S. 658 (1978)) IN VIOLATION OF THE AFORESAID AMENDMENTS; CONSPIRACY TO INTERFERE WITH CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1985) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION UNDER COLOR OF LAW OF RIGHTS GUARANTEED BY ARTICLE 1, SECTIONS 6 AND 12 OF THE CONSTITUTION OF THE STATE OF NEW YORK; FALSE ARREST; FALSE IMPRISONMENT; MALICIOUS PROSECUTION; NEGLIGENCE; CRUEL AND UNUSUAL PUNISHMENT; EXCESSIVE FORCE; DESTRUCTION OF PROPERTY; INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS; PRIMA FACIE TORT; ABUSE OF PROCESS; NEGLIGENT HIRING; NEGLIGENT TRAINING; NEGLIGENT SUPERVISION; FAILURE TO INVESTIGATE; FAILURE TO TIMELY AND PROPERLY RESPOND TO MISCONDUCT; MISREPRESENTATION; FAILURE TO TIMELY AND PROPERLY EXERCISE PROSECUTORIAL FUNCTIONS AND INDEPENDENT JUDGMENT. IT IS ALLEGED THAT THE EMPLOYEES OF THE CITY OF NEW YORK INTERFERED WITH THE CIVIL RIGHTS OF THE CLAIMANT WHEN OFFICERS OF THE NEW YORK CITY POLICE DEPARTMENT ON OCTOBER 6, 2022 BETWEEN 5:47 AND 7:29PM ARRESTED CLAIMANT WITH NO PROBABLE CAUSE, ALLEGING THAT HE WAS DRIVING RECKLESSLY AND UNDER THE INFLUENCE OF ALCOHOL. AFTER SPENDING OVER A DAY INCARCERATED MR. CAESAR WAS RELEASED SOME TIME ON OCTOBER 7, 2022. ULTIMATELY, THE KINGS COUNTY DISTRICT ATTORNEY'S DISMISSED SOME OF THE CHARGES AND THE CASE WAS LATER DISMISSED COMPLETELY BY THE COURT ON JULY 25, 2023. THE AFORESAID CAUSES OF ACTION ARISE FROM THE UNLAWFUL ARREST, IMPRISONMENT AND ABUSE OF CRIMINAL PROCESS OF CLAIMANT LLOYD CAESAR FOR MULTIPLE CHARGES, WHICH INCLUDE DRIVING UNDER THE INFLUENCE AND RECKLESS DRIVING, AS A RESULT OF THE WILLFUL, INTENTIONAL, MALICIOUS, RECKLESS, NEGLIGENT, AND OR DELIBERATE INDIFFERENCE OF THE CITY OF NEW YORK, THE NEW YORK CITY POLICE DEPARTMENT, AND THEIR EMPLOYEES, AGENTS AND/OR SERVANTS. MR. CAESAR WAS ALSO SUBJECTED TO CRUEL AND UNUSUAL PUNISHMENT WHEN HE WAS INCARCERATED FOR OVER A DAY. THE AFORESAID DEPRIVATIONS, BREACHES, TORTS AND VIOLATIONS ARE CONTINUOUS FROM THE DATE OF ARREST ON OCTOBER 6, 2022 TO JULY 25, 2023, WHICH WAS THE DATE THAT THE COURT DISMISSED THE CHARGES. MR. CAESAR WAS INCARCERATED WRONGFULLY FOR OVER A DAY.



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**The items of  
damage or injuries  
claimed are  
(include dollar  
amounts):**

IN THE EARLY EVENING HOURS OF OCTOBER 6, 2022, CLAIMANT WAS ARRESTED SEVERAL COUNTS OF RECKLESS DRIVING AND DRIVING UNDER THE INFLUENCE. THERE WAS NO PROBABLE CAUSE TO ARREST CLAIMANT. BECAUSE OF THE UNLAWFUL ARREST, THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DISMISSED SEVERAL COUNTS AGAINST CLAIMANT AND FAILED TO PROSECUTE CLAIMANT FOR THE REST OF THE COUNTS LEADING TO THE CASE BEING DISMISSED ON JULY 25, 2023. CLAIMANT WAS SUBJECTED TO OVER A DAY OF INCARCERATION.

THE DAMAGES SUSTAINED BY CLAIMANT, UPON INFORMATION AND BELIEF ARE:

THE CLAIMANT SUFFERED FROM WRONGFUL PROSECUTION, WRONGFUL AND UNCONSTITUTIONAL LOSS OF LIBERTY FOR OVER A DAY, AND ALL DAMAGES THAT ARE ASSOCIATED WITH SUCH LOSS AND INTERFERENCE OF THE AFOREMENTIONED RIGHTS, INCLUDING, BUT NOT LIMITED TO, SEVERE MENTAL ANGUISH, PHYSICAL INJURIES, EMOTIONAL DISTRESS, HUMILIATION, INDIGNITIES, EMBARRASSMENT, ECONOMIC AND MONETARY LOSS, DEGRADATION AND INJURY TO REPUTATION AS WELL AS LOSS OF ENJOYMENT OF LIFE.

SAID CLAIMS AND DEMANDS ARE HEREBY PRESENTED FOR ADJUSTMENT AND PAYMENT. YOU ARE HEREBY NOTIFIED THAT UNLESS THEY ARE ADJUSTED AND PAID WITHIN THE TIME PROVIDED BY LAW FROM THE DATE OF PRESENTATION TO YOU, THE CLAIMANTS INTEND TO COMMENCE AN ACTION IN THESE CLAIMS. CLAIM IS MADE FOR PERSONAL INJURIES AND FINANCIAL LOSSES FOR FIVE HUNDRED (\$500,000) DOLLARS ON BEHALF OF CLAIMANT LLOYD CAESAR.



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**Medical Information**

1st Treatment Date:  *Format: MM/DD/YYYY*

Hospital/Name:

Address:

Address 2:

City:

State:

Zip Code:

Date Treated in  
Emergency Room:  *Format: MM/DD/YYYY*

Was claimant taken to hospital by ☐ Yes ☐ No ☐ NA  
an ambulance?

**Employment Information (If claiming lost wages)**

Employer's Name:

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned  
Weekly:

**Treating Physician Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

**Witness 1 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 2 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 3 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 4 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:



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**Complete if claim involves a NYC vehicle**

**Owner of vehicle claimant was traveling in**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Non-City vehicle driver**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Insurance Information**

Insurance Company Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	

**Non-City vehicle information**

Make, Model, Year of Vehicle:	
Plate #:	
VIN #:	

**City vehicle information**

Plate #:	
City Driver Last Name:	
City Driver First Name:	

**Description of claimant:**

- ☐ Driver      ☐ Passenger  
☐ Pedestrian      ☐ Bicyclist  
☐ Motorcyclist      ☐ Other

**Total Amount Claimed:**

\$500,000.00

Format: Do not include "\$" or ",".

The **Total Amount Claimed** can only be entered once the following required fields are entered:

Claimant Last Name  
 Claimant First Name  
 Claimant Address, City, State, Zip Code, and Country  
 Claimant Email or Attorney Email  
 Date of Incident  
 Location of Incident (including State)  
 Manner in which claim arose

If attorney is filing, the following fields are also required:  
 Attorney Last Name, First Name, Address, City, State, Zip Code, Email

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.